

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: CLUSTERING OF RECORDED PATIENT
NEUROLOGICAL ACTIVITY TO DETERMINE
LENGTH OF A NEUROLOGICAL EVENT

Attorney Docket Number:: 11738.00150

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 33

Small Entity?: NO

Latin name::

Variety denomination name::

Petition included?: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name:: G.
Family Name:: Frei
Name Suffix::
City of Residence:: Lawrence
State or Province of Residence:: KS
Country of Residence:: US
Street of mailing address:: 2513 Via Linda Drive
City of mailing address:: Lawrence
State or Province of mailing address:: KS
Country of mailing address:: US
Postal or Zip Code of mailing address:: 66047

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ivan
Middle Name::
Family Name:: Osorio
Name Suffix::
City of Residence:: Leawood
State or Province of Residence:: KS
Country of Residence:: US
Street of mailing address:: 4005 W. 124th Street
City of mailing address:: Leawood
State or Province of mailing address:: KS

Country of mailing address:: US
Postal or Zip Code of mailing address:: 66209

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Nina
Middle Name:: M.
Family Name:: Graves
Name Suffix::
City of Residence:: Minnetonka
State or Province of Residence:: MN
Country of Residence:: US
Street of mailing address:: 4312 Ridge Court
City of mailing address:: Minnetonka
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55391

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Scott
Middle Name:: F.
Family Name:: Schaffner
Name Suffix::
City of Residence:: Austin
State or Province of Residence:: TX
Country of Residence:: US
Street of mailing address:: 10602 Showboat Cove

City of mailing address::	Austin
State or Province of mailing address::	TX
Country of mailing address::	US
Postal or Zip Code of mailing address::	78730
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Mark
Middle Name::	T.
Family Name::	Rise
Name Suffix::	
City of Residence::	Monticello
State or Province of Residence::	MN
Country of Residence::	US
Street of mailing address::	7745 Aetna Avenue, NE
City of mailing address::	Monticello
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55362
Applicant Authority Type::	Inventor
Primary Citizenship Country::	CA
Status::	Full Capacity
Given Name::	Jonathon
Middle Name::	E.
Family Name::	Griftakis
Name Suffix::	
City of Residence::	Brooklyn Park
State or Province of Residence::	MN
Country of Residence::	US

Street of mailing address:: 3701 78th Avenue N
City of mailing address:: Brooklyn Park
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55443

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: L.
Family Name:: Carlson
Name Suffix::

City of Residence:: Fridley
State or Province of Residence:: MN
Country of Residence:: US
Street of mailing address:: 141 46th Avenue NE

City of mailing address:: Fridley
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55421

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/503,794	09/19/03
This Application	Non-Provisional of	60/418,496	10/15/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Medtronic, Inc.
Street of mailing address:: 710 Medtronic Parkway, NE
MS-LC340
City of mailing address:: Mineapolis
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55432